

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000299

STATE FILE NUMBER

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

22

FILED JAN 15 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Buchanan	a. STATE Missouri COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	Length of stay in 1b ly 5m 7d	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph State Hospital	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6923 E. 39th St.	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last William James Arbeiter		4. DATE OF DEATH Month Day Year January 12 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9. AGE (last birthday) Mar. 24, 1902 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dog Kennel Operator		10b. KIND OF BUSINESS OR INDUSTRY Animal-Pets	11. BIRTHPLACE (City and state or country) Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William Arbeiter		13b. MOTHER'S MAIDEN NAME Katherine Green	
14. NAME OF HUSBAND OR WIFE Anna V. Arbeiter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Records, State Hospital		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerotic heart disease		unknown	
DUE TO (c) Generalized and Cerebral Arteriosclerosis		6 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain syndrome assoc. c circulatory disturbance with psychotic reaction		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from viewed the body, to, and last saw him alive on 1/12/62 Death occurred at 5:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Mary B Ames, M.D.		22b. ADDRESS St. Joseph, Mo.	
22c. DATE SIGNED 1/12/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) 1/12/1962		23b. DATE 1/12/1962	
23c. NAME OF CEMETERY OR CREMATORY Elmwood		23d. LOCATION (City, town, or county) Kansas City, Mo.	
24. FUNERAL DIRECTOR Earp and Sons-4707 Truman Road Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. Jan 12, 1962	
26. REGISTRAR'S SIGNATURE Wm. Clark Handell			

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

JAN 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James W. Pap

Licensed Embalmer No. 4622

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.